PUBLIC INFORMATION
CUSTOM REQUEST FORM

State of California Department of Consumer Affairs

Please mail request form and payment (**CHECK or MONEY ORDER**) to:
Department of Consumer Affairs, Public Information Unit, C/O Cashiering Unit
P.O. Box 989004, West Sacramento, CA 95798

For Quick Shipment Deliveries (e.g., overnight, priority)

Department of Consumer Affairs, Public Information Unit, C/O Cashiering Unit
1625 North Market Boulevard, Suite S-300, Sacramento, CA 95836
Phone: (916) 574-8150 Fax: (916)574-8603 **Email: public_sales@dca.ca.gov**

Requestor Information: (Please always include email and/or fax contact information for Quick Shipment requests)

Name: _____ **Email Address:** _____

Phone Number: _____ **Fax Number:** _____

☐ **Email or Fax Confirmation:** (Please check if requesting an email or fax confirming receipt of your request and payment.)

Shipping Information: (Please provide a mailing address for shipment)

Name: _____ **Company:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Check/MO Number:** _____ **Amount: $**_____

Quick Shipment: (Paid for by Requestor. Enter vendor name, account # to be billed, and shipping priority method. Include vendor shipping label with request form; otherwise, order will be shipped via standard United States Mail. Not available to PO Boxes. **Please provide the Public Information Unit with the tracking number and expected delivery date for incoming packages.**)

Vendor: _____ **Account #:** _____ **Priority Method:** _____

A Custom file contains license information related to **A SINGLE** Board/Bureau/Committee/Program (hereafter referred to as "Agency"), for resident and non-resident licensees. It can be customized to include only certain license types, to target specific geographic locations or to provide additional related data, based upon available selection options. The data is then sorted according to the Requestor's preferences. At minimum, Custom files include the licensee's full business or individual name, full address, city code, county code, license type, original issue date, expiration date, date record was last updated, and Agency code. Additional selection options are listed below. Some class codes (a further distinction within a license type identifying what trade or profession is licensed) are also included for certain Agencies. **Please refer to the** "Information and Rates" **memo for more information.**

A separate request must be submitted for each Agency. The cost for a Compact Disc (CD) or an email file is **$245.00 per Agency.** The turn around time is four to six weeks from the day the Public Information Unit receives the request form, with full payment.

Selection Options:

Requested Agency: _____

(Unless specified, **ALL** fields will be provided for the options below.)

License Types: _____

Geographic Location(s): _____

Date Range(s): _____

(Unless marked, **NO** fields will be provided for the options below.)

☐ License Numbers **(This box must be checked for license numbers to be included in the data.)**

☐ Phone Numbers ***** (Only available for some business license types, if provided by the licensee.)

Education Information: (Only available through certain Boards/Bureaus/Committees/Programs with their submitted approval. Please contact the specific Board/Bureau/Committee/Program directly for School Code and Degree Code information and listings.)

☐ School Code _____ ☐ Year Graduated (YYYY) _____ ☐ Degree Code _____

(Unless specified, only current renewable licenses will be listed.)

Primary Status Codes (Please specify): _____

Sorting Sequence: (Unless specified, data will be sorted by license number. More than one box may be checked. Data will be sorted based on sorting selections and on the order listed below.)

☐ License Type   ☐ County   ☐ City   ☐ Zip Code   ☐ Name   ☐ License Number

Data Output Types: (Note: Medical Board of California, Board of Barbering & Cosmetology, Board of Professional Engineers & Land Surveyors, and Bureau of Security & Investigative Services data may only be available on CD if the file size exceeds 65,000 records.)

☐ CD (Please circle preference.) ASCII text   Excel   Word for Avery 5160 Labels

☐ Email File (Please circle preference.) ASCII text   Excel   Word for Avery 5160 Labels   Email address: _____

☐ If using a mailing house, a checkmark in this box confirms compatibility with the requested data.

Special Instructions: _____

| **DCA USE ONLY** | COST _____ | COUNT _____ | DATE SENT _____ |